

## NOTICE OF INDEPENDENT REVIEW DECISION

March 21, 2003

RE: MDR Tracking #: M2-03-0667-01  
IRO Certificate #: IRO4326

The \_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_\_ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The \_\_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This patient sustained a work-related injury on \_\_\_\_ when he was pulling a dolly full of soft drinks over a curb and strained his lower back. An MRI of the lumbar spine performed on 02/29/00 revealed mild annular disc bulges at L3-4 and L4-5, mild bilateral foraminal stenosis at L3-4, mild right and moderate left foraminal stenosis at L4-5 with possible impingement of the left exiting nerve root sleeve at L4-5. A CT myelogram performed on 08/02/01 revealed degenerative disc changes at L4-5 and L5-S1, with mild spinal stenosis at L4-5. The patient has been treated with caudal epidural steroid injections and left L3-4, L4-5 and L5-S1 facet joint injections performed on 11/15/02. The patient continues to complain of low back pain and aching burning pain in the anterior thighs. The treating physician is recommending that the patient undergo a second caudal epidural steroid injection with fluoroscopy.

### Requested Service(s)

A second caudal epidural steroid injection with fluoroscopy

### Decision

It is determined that a second caudal epidural steroid injection with fluoroscopy is medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The medical record documentation indicates that this patient has shown improvement of his symptoms with a single epidural steroid injection. It would be reasonable and medically necessary to repeat the procedure with close follow-up for evidence of its efficacy. Therefore, a second caudal epidural steroid injection with fluoroscopy is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**If disputing other prospective medical necessity (preauthorization ) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 21<sup>st</sup> day of March 2003.